

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 142  
Registered No. 41

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Gila County Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Mildred Lucille Webb

If child is not yet named, make supplemental report, as directed.

**3. Sex of Child**

Female

To be answered ONLY  
in event of plural  
births.

**4. Twin, triplet or other**

5. No., in order of birth.

**6. Legitimate?**

Yes

**7. Date**

May 2, 1930  
Month Day Year

**8.**

**FATHER**

Full name William Ruben Webb

**9. Residence**

(Usual place of abode)

If non-resident, give place and state. Ariz

**10. Color or race**

White

11. Age at last birthday 21 (Years)

**12. Birthplace (city or place)**

(State or country)

Unolde  
Texas

**13. Occupation**

Nature of industry

Laborer

**14.**

**MOTHER**

Full maiden name Mary Dale Hart

**15. Residence**

(Usual place of abode)

If non-resident, give place and state. Ariz

**16. Color or race**

White

17. Age at last birthday 16 (Years)

**18. Birthplace (city or place)**

(State or country)

Douglas  
Arizona

**19. Occupation**

Nature of industry

Housewife

**20. Number of children of this mother**

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

**21. Were precautions taken against ophthalmia neonatorum?**

Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn?)

at 3:30 m. on the date above stated

Signature

C. W. Adams

Physician

(Physician or midwife)

Address

Box 636 Globe, Ariz

Filed

4/8

1930

S. E. Wright

Registrar

Given name added from  
a supplemental report

Month, day, year

Registrar

4162-307-483

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.